NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Public Water Supply Protection Flanigan Square 547 River Street Room 400, 4<sup>th</sup> Floor Troy, New York 12180-2216

## **Application for Renewal of Certification**

Phone No. Work ( \_\_\_ ) \_\_\_\_\_

Employer Name \_\_\_\_\_

\_ Date: \_\_\_

(Water Treatment Plant or Distribution System Operator)

Home ( \_\_\_ ) \_\_\_\_\_

Social Security No.

## **INSTRUCTIONS**

I. Applicant Information

TO AVOID YOUR APPLICATION BEING REJECTED, PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY

- 1. Complete ALL items in SECTION I and II ONLY. PRINT IN PEN OR TYPE ALL INFORMATION.
- 2. BE SURE TO SIGN AND DATE YOUR APPLICATION.

FAILURE TO COMPLETE THIS APPLICATION FULLY WILL CAUSE IT TO BE REJECTED AND RETURNED AS INCOMPLETE

			Employer Address			
PLEASE ENTER ANY ADDRESS CORRECTIONS IN THE SPACE BELOW			County of Employment			
II. Renewal Training Credits – Summarize below a	all training received tov					
Course (Subject)	Dates	CEUs	Credit Hours	Location	Sponsor	
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